

During many of the sessions of our Mothers Therapy groups considerable time was spent on problems arising out of the children's relationship to the other members of their family. All of the mothers had attended child guidance sessions and were thoroughly familiar with Adlerian child guidance principles. All of the mothers used these to the best of their ability in handling their children. Many mothers reported that their efforts toward improved family relationships were not always successful. We decided, in the discussions of the mothers groups, that it would be fruitful if the children would be exposed to Adlerian group activities.

Two counselors agreed to cooperate in starting and conducting such a group. They decided upon a group consisting of twelve to fifteen children, five to seven years of age, that would meet for one hour, once a week. The five to seven year age level was chosen because, according to Alfred Adler, the child's life-style is already fairly well formulated at that age. Also, the child is beginning to extend himself beyond his life in the family and into the larger social community. The values of the culture are becoming more important in his environment, and working with a child of this age, one can explore with him the meaning of some of these values—an aspect of education which is often neglected. As the child moves into these new relationships, he experiences conflict situations in the patterns of behavior which stem from his life-style and his family constellation. Yet his defense against change is not likely to be so stratified as to make intensive individual therapy necessary.

Our basic idea was to provide a milieu most favorable to a free and unhindered interaction. While the format of our sessions was kept unstructured and to a great extent evolved from the group itself, we stressed group discussion and role play from the very beginning. Showing mistaken goals, we applied the direct Adlerian method at the level the children could understand.

When the children arrived fresh from the rather restrictive atmosphere of the school room, they needed release in the form of action and play before willingly entering into discussions and role playing. The release activities used were of a projective nature. Among them were:

1. A rhythm band: each child in turn is given an opportunity to conduct with a baton; the conductor soon discovers that the band becomes completely disorganized if he is too erratic and too changeable.
2. Free form dancing to music: when the music stops, each child tells what the music reminds him of.
3. Freeze: when the music stops, the children "freeze," thinking of
 - a. the form of animal they would most like to be
 - b. something which made them maddest during the week
 - c. something which made them happiest during the week, etc.
4. Guess who: each child in turn impersonates another child in the group as to his external and internal characteristics.
5. Round-robin story telling: one child starts with one sentence, the next adds on, etc.
6. Charades: the children are divided into two teams, each in turn acting out the simple ideas with the other team.

At our first meetings the children trooped in noisily, studying and appraising the others. We would first have some play activity and then sit in a circle and talk. The children would still be somewhat restive and evidenced short attention spans. They would chat in private conversations, bragging about their own accomplishments and reporting only material of a flattering nature. Each would be

for himself, interested in the other only to the extent that it built up his self-esteem, often at the expense of the other. Our first discussions lasted about ten to fifteen minutes. The rest of the hour was spent in other activities.

During our discussions, when complaints were brought up by the children against their mothers, the counselors were frank in telling the children of some of the discontent with *their* behavior brought up by the mothers in their groups. Our discussions gradually developed more depth. We used a great deal of role-playing, acting out certain family scenes. It was very easy to have the children imitate mothers and fathers and thereby see their attitudes towards their parents. They revealed their mistaken views of an overpowering mother, a weak father, etc. The children began to think of ways that they could help their fathers and mothers become better parents. The length of our discussions increased to as much as forty-five to fifty minutes at our last meetings. Each child became aware of his patterns of behavior and their relationship to his family constellation and life-style. Each learned to know the problems the others had. There no longer was so much need to push down the other. An atmosphere of cooperation in place of competition came into being. The group members became involved in the struggles of their peers; they learned to praise and encourage the efforts of the others. They themselves spotted ups and downs in the continuing struggle for improvement of the others. They were able to catch themselves in their old neurotic ways. Most of them adopted a nickname for themselves based upon their old habits—"The King," "Big Boss," "Poor Cinderella," "Tattle Tale," etc. We had periodic group evaluations of how each child was doing. There developed great enthusiasm for the progress of each and concern for those who temporarily could not move.

SUSIE: Susie was extremely babyish and got attention from her mother by crying and sulking. She looked very unhappy and never smiled. Susie had received some private therapy for problems emerging from the mother-daughter relationship. Both mother and daughter were in group therapy. Susie was five years old when she joined the children's group. She was a "provocateur" par excellence. At first she sat only with Jeff, a boy her age, and did not talk at all. She observed quietly for several sessions; then she sprang into action. First she acted like a foolish clown, saying any inappropriate thing which occurred to her. At first the children laughed at her silly comments; later they became bored and asked why Susie acted so dumb. She didn't care for their comments.

Her next ploy was to ally herself with Jeff, trying to get negative attention by being naughty with him. Her social interest was not yet strong enough for her to believe that she could be accepted by the other children. She involved Jeff in incessant conversation which sealed them off from all group activity. When both discovered that they were excluded from candies, exciting games, etc., they gave up this device. Susie decided to participate. The group encouraged her in every constructive contribution. Her bid for attention was not so exaggerated any more. She found herself becoming liked for her wit and activities. She was instrumental in helping Jeff to better adjustment. When Jeff was misbehaving at one of the group meetings, Susie was the one to stop him, saying, "I don't want a naughty boy-friend." At one of the sessions, counselors asked the children what they wanted to be when they grew up. "A mommy," Susie said. She had made peace with her mother whom she had earlier "blamed" for bringing another child into the house. In making group evaluations, the children said that Susie had made the most improvement. Her face was radiant.

JEFF: Jeff had caused many problems in kindergarten and was thought of as a retarded child. He had a two year old brother and his mother was expecting another baby. The waiting time was hard on him. When Jeff joined the group, he was a powerhouse who tried to dominate through very babyish behavior. He always brought some little toys along, and when he first sat with the group he held passionate, loud conversations with his toys. The children stopped activity in curiosity over what he was doing. When they lost interest in him, he rushed up to a counselor, loudly declaiming about Peter Rabbit's home in the bushes. Again the group paused, but not for long. So Jeff started issuing commands to individual children. When they did not obey him, he pummeled them with his fists. He was quietly removed to

Any mortal who tries to disrupt such games is a fool indeed, but his fate often makes good reading for the next generation (2, 3, 4). Believe it or not, however, an active program did spring up which brought out the best in staff-people and patient-people. Unfortunately, it withered away with the departure of staff who believed there was better "stroking" elsewhere. Of equal contribution to the defeat was the undemocratic hierarchy which spreads the patient out over many people, only one of which has the mandate to stop or start the flow of patients.

Throughout the life of the Action Therapy program in the traditional setting there was the steady movement of hundreds of patients and scores of personnel. After the first traumatic shock of being together without the techniques of dogma, new tactics of teaching and learning oversight and insight developed slowly. The goals eventually became five in number:

1. *Practice and feedback* on behavior in a social setting.
2. Maintenance of an *authentic team* by mutual working out of goals for patients, feelings toward each other, and acceptance of criticism and failure.
3. *Diagnosis* of patients in current stress or situations.
4. *Training in empathy* or being put in the other guy's spot and bombarded with our own demands.
5. *Theory development*. Even if no one improved, one might be interested in noting the whys.

The team therapy concept was this: that concurrently with giving therapy, staff needs its own. The presence of DEMANDS and reactive frustrations must be examined. Staff as well as patient "negative nonsense" bears watching. This is what is doubled in action learning: not the "repressed hostility" toward "cruel frustrators"—but attitudes, behavior, and goals toward other people.

The therapeutic tactics can best be described as STROKE AND SPIT—and perhaps a bit of unpretentious laughter. It may be that this *simultaneous* stroking and spitting is what makes the good therapist. "Stroking" consists of the therapist giving the patient time and effort "to see with his eyes and listen with his ears" (1) and to reward and encourage signs of courage (active social interest). Correct stroking infers that one also perceives the skillful maneuvers of the patient—as he seeks to avoid intimacy and to hate others. All techniques in this Action Therapy had the goal of exposing the person's childish DEMANDS and the abstract reactive blaming of *himself* ("I'm not good now and forever") and *others* ("people are always unchangeably no damned good") as he tries to avoid future loving transactions.

Since the author's transfer to the Human Relations Training Laboratory for psychiatric patients at the Houston VA Hospital, Action Therapy has undergone changes. In this instrumented laboratory patients are not seen as "sick" and dependent upon the staff for direction. Autonomous groups and training exercises focus upon interpersonal relationships in the "here-and-now." Action Therapy finds its unique place as a vehicle in which staff consultants mirror and double the patients' life styles and encourage the enhancement of social interest. The possible weakness in this creative program is the implicit belief that the "only good therapist is an absent one," although this is a healthy reaction to the kind of therapist we were often trained to be: OBJECTIVE AND REPLACING "love" (unconditional demands). Other patients can perform these impossible functions as well as personnel. For what living thing is "objective," and who can "replace" when an active life-style distances and hates?

Only a "stroker and spitter" can flourish in Alice's "Wonderland." This action

may be the best operational definition of mature brotherly love that we have available today.

REFERENCES

1. Adler, A. *The Individual Psychology of Alfred Adler*, New York: Basic Books, 1956.
2. O'Connell, W. Adlerian Psychodrama with Schizophrenics. *J. Ind. Psychol.*, 19, 69-70.
3. O'Connell, W. Psychotherapy for Everyman: A Look at Action Therapy. *J. Exist.*, 1066, 7, No. 25, 85-91.
4. O'Connell, W. Seventeen Psychodrama Techniques. *Rational Living* (in press).

IDEA EXCHANGE COLUMN

Roland Preston Rice

DR. O. HOBART MOWRER: ADLERIAN

Today I received a letter from the eminent psychologist O. Hobart Mowrer, Research Psychologist at the University of Illinois, with respect to his recently awakened interest in Adlerian Psychology and his expressed desire to join himself to it. I pass both the content and the form (or methodology) of his message on to the readers of THE INDIVIDUAL PSYCHOLOGIST via this column in anticipation of an enlargement of conversation over the similarities between Integrity Therapy and its "community" on the one hand and Adlerian theory and its "social interest" on the other. Excerpts from Dr. Mowrer's letter:

"I don't know quite how to try to answer your question, 'What is it in particular that has drawn you to Adlerian psychotherapy.' Let me first answer your question negatively and say that I think I would have been attracted to it long before now if I had just taken the trouble to do some relevant reading. Although there are some minor differences between the Adlerian approach and what we are calling Integrity Therapy, the similarities are very striking. In I.T. we have stressed the central importance of one's being in or out of 'community.' The Adlerians stress the presence or lack of 'social interest.' Although the terms are different, the reality represented seems to be virtually identical. Certainly, Adlerian Psychology has been developed much further and more comprehensively than has Integrity Therapy, and we mean to join forces whenever possible. I think there may be one or two areas in I.T. where there are 'lacunae' where there might be something to add. But in any case, I mean to become a much more serious student of the work of Adler and his followers than I have been in the past.

"Specifically, the thing that has piqued my interest is the fact that Dr. Rudolf Dreikurs taught a couple of very successful courses in the College of Education here at the University of Illinois this past summer. As a result of attending several of his lectures, I came to know him personally and to have a deep respect for his scholarship and clinical competence. I am continuing to read the various publications which are available through the Adler Institute in Chicago, and I want to join the national society and have as much contact as possible with people at the Chicago Institute."

Bringing these two schools of thought together may well have great impact on psychotherapy in particular and psychology in general. Because both systems are basically so similar in content-structure, whatever differences there may be in operational methodology should prove readily reconcilable.